

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000039155

**FILED**  
**Apr 05, 2012**  
**Secretary of State**

**Entity Name:** COMMUNITY CANCER CENTER OF LAKE CITY, LLC

**Current Principal Place of Business:**

4520 U.S. HIGHWAY 90  
LAKE CITY, FL 32055

**New Principal Place of Business:**

**Current Mailing Address:**

4520 U.S. HIGHWAY 90  
LAKE CITY, FL 32055

**New Mailing Address:**

505 PORPOISE POINT DRIVE  
ST. AUGUSTINE, FL 32084

**FEI Number:** 03-0452526

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DUTTON, JAMES T  
2828 NW 142ND AVE  
GAINESVILLE, FL 32609 US

**Name and Address of New Registered Agent:**

DUTTON, JAMES T  
505 PORPOISE POINT DRIVE  
ST. AUGUSTINE, FL 32084 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JAMES T. DUTTON

04/05/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SCHILLING, PAUL J M.D.  
Address: 7000 NW 11TH PLACE  
City-St-Zip: GAINESVILLE, FL 32605

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: PAUL J.SCHILLING

MGR

04/05/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date